

Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466 Gail Vasterling Director



Jeremlah W. (Jay) Nixon Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

BREATH ALCOHOL SIMULATOR TEST WORKSHEET

Test Simulator Infor	<u>mation</u>	A Street	A TEST WORKSHEP	<u>Tr</u>
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of Dieath Alcohol Simulators	s and 19 CSR 25-30	0.051, Breath Analyzer (accordance with the DHSS <u>P</u> Calibration and Accuracy Ver	rocedure for the Testing ification Standards
Signature:	370 -	Z:1		Similario,
7.			Date: <u>9-14-15</u>	
nuomit completed forms for s	simulator certificat	ion to DHSS Breath Alco	hol Program by fax at (573)	840-9130 or by amail at
	<u>vrian.iiitmer@he</u>	ealth.mo.gov or breathald	cohol@health.mo.gov.	- 10 7207 or by email at

www.health.mo.gov

Healthy Missourians for life.
The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.





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SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency: Missouri State Highway Patrol Serial Number: **MP2318** Manufacturer: Guth Model Number: 12V500 **CALIBRATION RESULTS** Reference Simulator **Temperature Temperature** 34.01 34.01 This calibration was performed with NIST-Traceable Thermometer SN: 306168 This simulator was tested by: JLC This testing was performed: 09/14/15 This certification expires: 09/14/16 Signature of certifying DHSS Scientist: Name of certifying DHSS Scientist: Ellen R. Strawsine